

# COUNCIL OF EUROPE

## COMMITTEE OF MINISTERS

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### RESOLUTION (77) 3

#### ON THE INTERNAL STRUCTURE OF HOSPITALS

*(Adopted by the Committee of Ministers on 21 February 1977  
at the 265th meeting of the Ministers' Deputies)*

The Committee of Ministers,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members, and that this aim can be pursued *inter alia* by the adoption of common rules in the social sphere, and especially in that of public health ;

Considering the importance of hospitals as part of the health service ;

Considering the financial implications of the building and running of hospitals ;

Recognising the need for rational management of hospitals and the desirability of a modern hospital staffing policy,

I. Recommends that the governments of the member states take account of the principles set forth in the Appendix to this resolution in their hospital legislation, regulations and all administrative arrangements ;

II. Invites the governments of the member states to inform the Secretary General of the Council of Europe every five years of the action they have taken on this resolution in order to enable the European Public Health Committee to follow the progress of its implementation.

#### Appendix to Resolution (77) 3

For the sake both of efficiency of treatment and of patient welfare, the following measures should be taken to promote a reorganisation of the internal structures of hospitals in Council of Europe member states :

**1. Integration of medical care given to patients in and outside hospitals, as well as for persons undergoing preventive medical examinations**

1.1. Arrange for functional integration of the various health establishments and hospital services within a co-ordinated health system including suitable means of information exchange ;

1.2. Promote the smooth organisational integration within hospitals of in-patient and out-patient services, possibly having a functional separation of these services only in large hospitals ;

1.3. Provide for the use of hospitals' diagnostic facilities for care in the community by doctors offering primary care, as well as in the field of preventive medicine.

## **2. Organisation of treatment**

2.1. Promote the establishment within hospitals of a graded treatment structure appropriate to the condition of the patients. This structure should comprise :

- a.* intensive care units. (Wherever possible the intensive therapy units should be centralised according to their specific equipment and specialised staff requirements),
- b.* normal care units,
- c.* minimal care units ;

2.2. In order both to reduce one of the main items of expenditure entailed by hospital treatment and to facilitate patients' rehabilitation, promote the establishment of minimal care units, convalescence homes and/or hostels, the latter two types of institution not forming part of the internal nursing services, but enabling patients to be accommodated outside, in the vicinity of the hospital, provided that the cost of the care dispensed in these units, convalescence homes and hostels continues to be covered by social security ;

2.3. Encourage the setting up, in general hospitals, of units specialising in psychiatry, geriatrics and treatment of the mentally handicapped, in order to obviate the isolation of certain specialised institutions and enable their inmates to receive treatment requiring facilities which only general hospitals can provide.

## **3. Hospital management**

3.1. Arrive at a clear apportionment of responsibility between hospital ownership and hospital management. The owner<sup>1</sup> should take all basic and general policy decisions, while the management should have sole responsibility for day-to-day running, including staff administration and internal organisation ;

3.2. Encourage the appointment of persons trained in hospital administration to senior hospital posts ;

3.3. Examine the possibility of basing hospital administration on the "matrix" pattern which distinguishes between specialised units and the administrative functions of common services and ensure a better integration of the various units of a hospital ;

3.4. Promote hospital management to pursue a comprehensive staff management policy ;

3.5. Encourage staff recruitment, particularly by providing housing and crèche facilities ;

3.6. It would be desirable, in the interest of integrating hospitals more fully into their social framework, for old, handicapped or voluntary persons to be employed for certain types of work.

## **4. Hospital information system**

Encourage hospitals to use suitable information systems (separate systems for large hospitals and pooled ones for smaller establishments) to co-ordinate services and make for greater efficiency.

This should ensure :

- a maximum improvement in the quality and volume of information,
- improved reliability and speed,
- rationalised organisation.

Taking into account :

- cost effectiveness,
- protection of privacy,

a comprehensive information system should comprise the following integrated sub-systems :

- a.* a "hospital administration" sub-system,
- b.* a "diagnosis and therapy" sub-system,
- c.* a "hospital planning, organisation and control" sub-system.

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1. By hospital owner, in this text, is meant any natural or legal persons, whether public or private, having ownership of or responsibility for the institution.

## **5. Internal communications and transport**

To watch over the :

- 5.1. economic and sensible use of communication and transport systems,
- 5.2. proper orientation of patients and visitors (visual information systems),
- 5.3. improved communication between staff.

## **6. Structure of medical services in hospitals**

- 6.1. Promote comprehensive treatment of the patient, entailing close co-operation between specialists, co-ordinated by the body managing the medical services.

The application of such methods presupposes :

- regular meetings of the medical personnel in the various services,
- a measure of centralisation of the diagnostic and therapeutic services ;

- 6.2. Ensure the optimum size of clinical departments ;
- 6.3. Enable one member of the medical staff or a committee representing the staff to have overall management responsibility for the medical services.

## **7. Evaluation of quality of medical work**

- 7.1. Take all steps to promote among doctors an awareness of the efficiency of their work in the hospital, the importance of management and every means of improving the quality of treatment and optimal flow of patients ;

- 7.2. To that end, it would be desirable to :

- create appropriate bodies within or outside the hospital to monitor the cost and assess the quality of medical work ;
- instil an appreciation of the factors mentioned in paragraph 7.1 both during medical training and during subsequent practice ;
- provide doctors with full and accurate administrative, financial and technical information and documentation ;
- encourage them to play an active part in staff training.

## **8. Structure of nursing services in hospitals**

Encourage the organisation of nursing staff according to the nature and complexity of each department and promote new methods of nursing (group nursing), with a view to making optimum use of every member of nursing and auxiliary staff, as well as more personalised patient care.

## **9. Medico-social services**

Promote the setting up of these services in hospitals, their role being to help the patient and his *entourage* in every difficulty (psychological, moral, financial etc.).

## **10. Rights of patients**

Pay due heed, both in the planning of the internal structure and in the management of hospitals, to the measures which serve to “humanise” the stay in hospital.

## **11. Division of labour, participation and incentives**

- 11.1. Ensure that the division of labour and the increasing specialisation required by the growing complexity of hospital work are not an obstacle to comprehensive treatment of the patient ;
- 11.2. Encourage hospital staff to take part in the decision-making process where staff and organisational matters are involved. Such participation should not however be a curb on administration ;
- 11.3. Encourage a policy of incentives in matters of career, job satisfaction, salary, continuing education and every other area likely to exert a favourable influence on staff.

## **12. Share hospital services**

Promote the sharing of certain services in hospital establishments in order to achieve :

- a. a better standard of service,
- b. more economic operation,
- c. improved availability and guaranteed services,
- d. improved safety.

The following are the main services involved :

- a.* general industrial-type services (laundry, kitchens, heating plant, routine maintenance),
- b.* medico-technical and related services (dispensary, laboratories, disinfection, sterilisation, maintenance of technical equipment, records, archives and microfilm, staff training, libraries),
- c.* administrative and financial services.

### **13. Safety in hospitals**

- 13.1. Remember that safety measures must be taken in both planning and management ;
- 13.2. Support every effort to prevent or reduce risks of a general (fire) or specific nature (electrical equipment, ionising radiation, laboratory work, internal microbial contamination) which are run in hospitals and combat their possible consequences ;
- 13.3. Recommend that a safety officer be appointed ;
- 13.4. Continue the work already done on extending the use of fire-resistant bedding, furniture and linings.

### **14. Hospital design**

- 14.1. Ensure that hospitals are related into a national and regional development plan, are located near the communities they serve and have an adequate provision for public transport ;
- 14.2. Bearing in mind the work done by the International Organisation for Standardisation (ISO) - Geneva - and the European Committee for Standardisation (CEN) - Paris :
  - encourage flexibility in the building of hospitals by means of a neutral structure and facilities for horizontal extension and phased construction,
  - consider the possibility of using an internal planning grid made up of multiples of 0.30 m ;
- 14.3. Ensure functional and managerial efficiency by relating the physical communication system and associated environmental engineering system allowing optimal horizontal communication between related departments ;
- 14.4. Ensure that, without prejudice to patient welfare, maximum energy savings are made by an integrated approach to the building construction and environmental engineering services (for example, by restricting air conditioning, restricting the window-to-wall ratio, improving the insulation of hospital buildings and temperature control) ;
- 14.5. Ensure by sensitive design the creation of a therapeutic environment for patients.

### **15. International co-operation**

- Achieve close international co-operation on hospital planning and administration :
  - by encouraging every form of contact between the various health institutions at both national and international level in order to promote an exchange of relevant planning, statistical and management data,
  - by setting up research and study centres on the internal structure of hospitals,
  - by promoting international course programmes and scholarship schemes which could be co-ordinated by the Council of Europe.